

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2014 OCT 20 AM 11:50  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Farmers Mutual Hail Insurance Company of Iowa  
Political Action Committee

ADDRESS (number and street)

6785 Westown Parkway



Check if different  
than previously  
reported. (ACC)

West Des Moines

IA

50266-7727

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00117614

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

SCOTT McENTEE

Signature of Treasurer

*Scott McEntee*

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Report Covering the Period:

From:

07 / 01 / 2014

To:

09 / 30 / 2014

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	2014	4977178
(b) Cash on Hand at Beginning of Reporting Period.....	4962159	
(c) Total Receipts (from Line 19).....	300756	1067237
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5262915	6044415
7. Total Disbursements (from Line 31).....	1000000	881500
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5162915	5162915
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Report Covering the Period:

From:

07 / 01 / 2014

To:

09 / 30 / 2014

## **I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

### 11. Contributions (other than loans) From:

#### (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1 6 4 0 1 0

5 7 6 1 8 3

(ii) Unitemized.....

1 3 6 7 4 6

4 9 1 0 5 4

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)).....▶

3 0 0 7 5 6

1 0 6 7 2 3 7

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

3 0 0 7 5 6

1 0 6 7 2 3 7

### 12. Transfers From Affiliated/Other Party Committees.....

### 13. All Loans Received.....

### 14. Loan Repayments Received.....

### 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

### 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

### 17. Other Federal Receipts (Dividends, Interest, etc.).....

### 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

### 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

3 0 0 7 5 6

1 0 6 7 2 3 7

### 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

3 0 0 7 5 6

1 0 6 7 2 3 7

T

**COLUMN B**  
**Calendar Year-to-Date**

- [illegible]

14041-1321-0241

## Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3 0 0 7 5 6	1 0 6 7 2 3 7
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		6 5 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		6 5 0 0

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:  
 (check only one)

PAGE 1 OF 5

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

Rutledge, Ronald P.

Date of Receipt

Payroll Deduction

Mailing Address

240 Linden Drive

City

Waukee

State

Iowa

Zip Code

50263

FEC ID number of contributing  
 federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

2 4 7 2 6

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

President FMH

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7 4 1 7 8

Full Name (Last, First, Middle Initial)

Roggenburg, Darin

Date of Receipt

Payroll Deduction

Mailing Address

2035 134th Street

City

Clive, Iowa

State

Iowa

Zip Code

50325

FEC ID number of contributing  
 federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

1 8 1 2 0

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

CFO FMH

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6 4 5 4 0

Full Name (Last, First, Middle Initial)

Rutledge, Shannon

Date of Receipt

Payroll Deduction

Mailing Address

2273 NE 88th Street

City

Altoona, Iowa

State

Iowa

Zip Code

50009

FEC ID number of contributing  
 federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

1 6 6 5 6

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

SVP FMH

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5 8 9 2 0

SUBTOTAL of Receipts This Page (optional).....▶

5 9 5 0 2

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 5

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial) Faga, Patrick

Date of Receipt

Mailing Address

735 Roosevelt Street

Payroll Deduction

City

State

Zip Code

Story City, Iowa 50248

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

1 4 7 0 0

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

SVP FMH

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5 2 8 0 0

Full Name (Last, First, Middle Initial) Ladehoff, Debbie

Date of Receipt

Mailing Address

2676 Brookview LN

Payroll Deduction

City

State

Zip Code

Van Metter, IA 50261

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

AVP Training and Devel

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3 0 0 0 0

Full Name (Last, First, Middle Initial) Johnson, Kevin

Date of Receipt

Mailing Address

1783 Maple Ct

Payroll Deduction

City

State

Zip Code

Winterset, IA. 50273

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

1 1 8 2 6

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

VP Sales

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3 8 8 3 2

SUBTOTAL of Receipts This Page (optional)..... ▶

2 6 5 2 6

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 5

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial) **Ewart, Larry**

Date of Receipt

Mailing Address  
**15188 Bryn Mawr**

**Payroll Deduction**

City State Zip Code  
**Clive, IA. 50325**

FEC ID number of contributing  
federal political committee.

**C 0 0 1 1 7 6 1 4**

Amount of Each Receipt this Period

**1 2 1 8 6**

Name of Employer  
**Farmers Mutual Hail Ins. Co.**

Occupation  
**VP Claims**

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**4 1 1 3 7**

Full Name (Last, First, Middle Initial) **Krohn, Grant E.**

Date of Receipt

Mailing Address  
**26818 N Avenue**

**Payroll Deduction**

City State Zip Code  
**Adel, IA 50003**

FEC ID number of contributing  
federal political committee.

**C 0 0 1 1 7 6 1 4**

Amount of Each Receipt this Period

**1 0 3 9 8**

Name of Employer  
**Farmers Mutual Hail Ins. Co.**

Occupation  
**Asst VP Quality Control**

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**3 3 9 2 0**

Full Name (Last, First, Middle Initial) **Liljedahl, Ken**

Date of Receipt

Mailing Address  
**8935 Lyndhurst**

**Payroll Deduction**

City State Zip Code  
**Johnson, IA 50131**

FEC ID number of contributing  
federal political committee.

**C 0 0 1 1 7 6 1 4**

Amount of Each Receipt this Period

**9 0 1 8**

Name of Employer  
**Farmers Mutual Hail Ins. Co.**

Occupation  
**VP Operations**

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2 9 9 7 2**

SUBTOTAL of Receipts This Page (optional)..... ▶

**3 1 6 0 2**

TOTAL This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 4 OF 5

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

Fischer, Steve

Date of Receipt

Payroll Deduction

Mailing Address

603 13th St. SE

City

State

Zip Code

Altoona, IA. 50009

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

1 2 0 0 0

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

VP HR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

4 2 6 0 0

Full Name (Last, First, Middle Initial)

Church, Lisa

Date of Receipt

Payroll Deduction

Mailing Address

813 Edgewater Drive

City

State

Zip Code

Polk City, IA 50226

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

1 5 0 0 0

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

R&D Analyst

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

4 5 0 0 0

Full Name (Last, First, Middle Initial)

Anderson, Cindi M

Date of Receipt

Payroll Deduction

Mailing Address

15934 Rosewood Ct

City

State

Zip Code

Clive, IA 50325

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Amount of Each Receipt this Period

6 0 4 8

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

AVP Crop Ins Data Analyst

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

2 0 1 3 4

SUBTOTAL of Receipts This Page (optional).....▶

3 3 0 4 8

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 5

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

Doud, Constance S.

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

6 1 8 6

Mailing Address

5200 Pond View Cir

City

State

Zip Code

Des Moines, IA 50317

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Senior R&D Analyst

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 5 6 0

Full Name (Last, First, Middle Initial)

Tjeerdsma, Bryant J

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

7 1 4 6

Mailing Address

8855 Kingman Dr

City

State

Zip Code

West Des Moines, IA 50266

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

AVP Crop Insurance Underwrite

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 3 5 9 0

Full Name (Last, First, Middle Initial)

Date of Receipt

Payroll Deduction

Amount of Each Receipt this Period

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....▶

1 3 3 3 2

TOTAL This Period (last page this line number only).....▶

1 6 4 0 1 0

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:  
 (check only one)

PAGE 1 OF 1

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

A. King For Congress

Mailing Address  
 1421 S Bell Avenue

City State Zip Code

Ames, IA. 50010

Purpose of Disbursement  
 Contribution

Candidate Name

0 1 1  
 Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 4

Date of Disbursement

0 8 / 1 9 / 2 0 1 4

Amount of Each Disbursement this Period

5 0 0 0 0

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

0 / /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

0 1 1  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

5 0 0 0 0

TOTAL This Period (last page this line number only).....▶

5 0 0 0 0

1421 S BELL AVE AMES IA 50010

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

A. Iowa Industry Political Action Committee

Mailing Address

400 E Court Ave

City

State

Zip Code

Des Moines, IA.

Purpose of Disbursement

Contribution

011

Category/  
Type

Amount of Each Disbursement this Period

50000

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

B. Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

C. Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

011

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

50000

TOTAL This Period (last page this line number only).....▶

50000



**Farmers Mutual Hail**  
Insurance Company of Iowa  
6785 Westown Parkway | West Des Moines, Iowa 50266

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL<sup>TM</sup>**



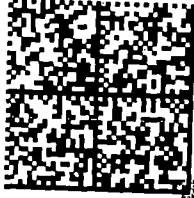
7012 1640 0001 2958 0691

**CPU** U.S. POSTAGE

**\$ 7.120**

PB 1P 000  
3661528  
FCMIL

MAILED OCT 15 2014  
50266



RECEIVED

OCT 20 AM 11:50

FEC MAIL CENTER



20463

# STATION - TNN - ONHART

(8/2013)